

Request for Assistance

Entiat School District

Student's Name: _____ Date _____

Referred by: _____

Grade: _____ IEP: Y/N

Problem Behavior(s)

Situation(s) of Concern

1. Check the areas of concern(s):

Academic	Problem Behaviors	Communications	Personal Care	Health
___ reading	___ aggressive	___ fluency	___ dressing	___ visual acuity
___ math	___ non compliant	___ articulation	___ hygiene	___ visual tracking
___ spelling	___ poor attention	___ voice	___ glasses	___ hearing
___ writing	___ work completions	___ ELL	___ other	___ physical
___ science	___ withdrawn	___ other		___ seizures
___ study Skills	___ disruptive			___ medication
___ other	___ poor attendance			___ g/f motor
	___ other			___ other

Contributing Factors
___ Curriculum ___ Trauma ___ Personal Loss ___ Anxiety ___ Peers ___ Family ___ Other

2. Check the strategies tried so far & circle those that were effective:

General Review	Modify Environment	Modify Presentation	Modify Curriculum/Homework	Modify Expectations
<input type="checkbox"/> review cum file	<input type="checkbox"/> change seating	<input type="checkbox"/> pre-teach	<input type="checkbox"/> change task size	<input type="checkbox"/> group product
<input type="checkbox"/> talk with parents	<input type="checkbox"/> provide quiet space	<input type="checkbox"/> give extra practice	<input type="checkbox"/> change color	<input type="checkbox"/> individual product
<input type="checkbox"/> seek peer help	<input type="checkbox"/> provide larger space	<input type="checkbox"/> change pacing	<input type="checkbox"/> provide computer	<input type="checkbox"/> make it easier
<input type="checkbox"/> classroom assessment	<input type="checkbox"/> encourage work breaks	<input type="checkbox"/> give extra feedback	<input type="checkbox"/> provide calculator	<input type="checkbox"/> give more time
<input type="checkbox"/> other	<input type="checkbox"/> other	<input type="checkbox"/> provide patterns	<input type="checkbox"/> use visuals/manipulatives	<input type="checkbox"/> tutor/mentor
		<input type="checkbox"/> vary materials	<input type="checkbox"/> change instruction	<input type="checkbox"/> alternative response
		<input type="checkbox"/> increase instruction	<input type="checkbox"/> provide a model	<input type="checkbox"/> emphasize quality over quantity
		<input type="checkbox"/> planned positive reinforcement	<input type="checkbox"/> other	<input type="checkbox"/> other
		<input type="checkbox"/> other		

3. People I wish to invite to the Care Team meeting: _____

4. Parent contacted via phone, conference, email, on _____ (date)

5. What I hope to gain from this meeting:

suggestions/support check in/check out behavior plan sped referral

other _____

Teacher brings the following to the Care Team meeting: work samples, assessment scores, reading rate/accuracy, anecdotal, incident reports, other data

6. When completed, place this form in the Dean of Students' mailbox.